

Arizona Department of Public Safety
Concealed Weapon Permit Unit
P.O. Box 6488 Phoenix, AZ 85005
(602) 256-6280 or 1-800-256-6280



Date: _____ Social Security Number: _____ - _____ - _____

PLEASE MARK ONE OF THE FOLLOWING REASONS AND COMPLETE REQUESTED INFORMATION

_____ **This is to request an upgrade to the new style permit. I am enclosing** a \$10.00 money order, cashier's check or certified check to process my request. I understand that I am responsible for destroying the old permit once I receive the new permit. My permit number is: _____.

_____ **This is to notify the Arizona Department of Public Safety that my permit has an error** and a replacement permit is requested. I understand I am responsible for destroying the incorrect permit once the corrected permit is received. I understand no additional fee is required. My permit number is: _____.
(Please complete box #1 below.)

_____ **This is to notify the Arizona Department of Public Safety that my permit has been lost or stolen** and a replacement permit is requested. I understand that my previous permit number will be cancelled and a new permit number issued. I have enclosed a \$10.00 money order, cashier's check or certified check to process my request. **(Please complete box #1 below.)**

_____ **This is to notify the Arizona Department of Public Safety of a change of address and/or contact number** regarding my Concealed Weapon Permit, Instructor or Organization. I understand no fee is required. My permit number is: _____. **(Please complete box #2 below with new information.)**

_____ **This is to notify the Arizona Department of Public Safety that I never received my permit** and a replacement permit is requested. I understand no additional fee is required. **(Please complete box #1 below.)**

_____ **This is to notify the Arizona Department of Public Safety that I have legally changed my name.** I have enclosed a copy of the court document or marriage certificate authorizing the request. I have enclosed a \$10.00 money order, cashier's check or certified check to process my request. I understand that I am responsible for destroying the old permit once I receive the new permit. I understand that my new permit will have the same permit number (unless this request is combined with a lost/stolen notice). **(Please complete box #1 below.)**

Signature: _____

Box #1 PLEASE PRINT CLEARLY

Name: _____			DOB: _____		
_____	_____	_____	_____	_____	_____
Last	First	Middle			
Race _____	Sex _____	Height _____	Weight _____	Hair _____	Eyes _____

Box #2 PLEASE PRINT CLEARLY

New Residence Address: Str. #, Str Name, Apt. or Sp #: _____ City, State, Zip: _____ New Mailing Address: Str #, Str. Name, Apt. or Sp #: _____ City, State, Zip: _____ New Contact #: _____
